PAYING AGENT RECEIPT CONTROL AND CASH ACCOUNTABILITY JOURNAL For use of this form, see AR 195-4; the proponent agency is OPMG.					1. DEBIT CARD NUMBER			
2. TRANSACTION NUMBER	3.  DATE (YYYYMMDD)	4. SIGNATURE OF RECIPIENT PRINTED NAME OF RECIPIENT	5. CASH ISSUED	6. CASH RETURNED	7. USD CASH ON HAND BALANCE	8. FOREIGN CASH ON HAND BALANCE	9.  CARD ACCOUNT BALANCE	10. REMARKS
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14. SUMMARY			
	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
11. PAYING AGENT OR CARD HOLDER			
	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
12. APPROVING OFFICER	d. TIFED ON FINITED WANE, ORADE & TILE	b. SIGNATURE	C. DATE (TTTTWWDD)
13. CERTIFYING AND APPROVING OFFICER	a. TYPED OR PRINTED NAME, GRADE & TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
13. CERTII TIIVO AND ALT ROVING OFFICER			